

9/19/86
9/22/86
1 PM
HARR

03-310949

9-22-86
Approved
S. Neal

PERMIT

P 37666
A 35682

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 3rd
DATE 9/17/86

Merit Construction IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 442-1490

SUBDIVISION Gaither Farms ROAD 11024 Gaither Farm LOT 22

PROPERTY OWNER ~~GFC Builders~~ JOHN P. BROZOVICH

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 174 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place 1st trench 290 feet down the left (771.95) lot line and 35 feet off the left lot line as seen when facing the property from the road. Run trenches along contour towards the right lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY B. Nixon DATE 5/15/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

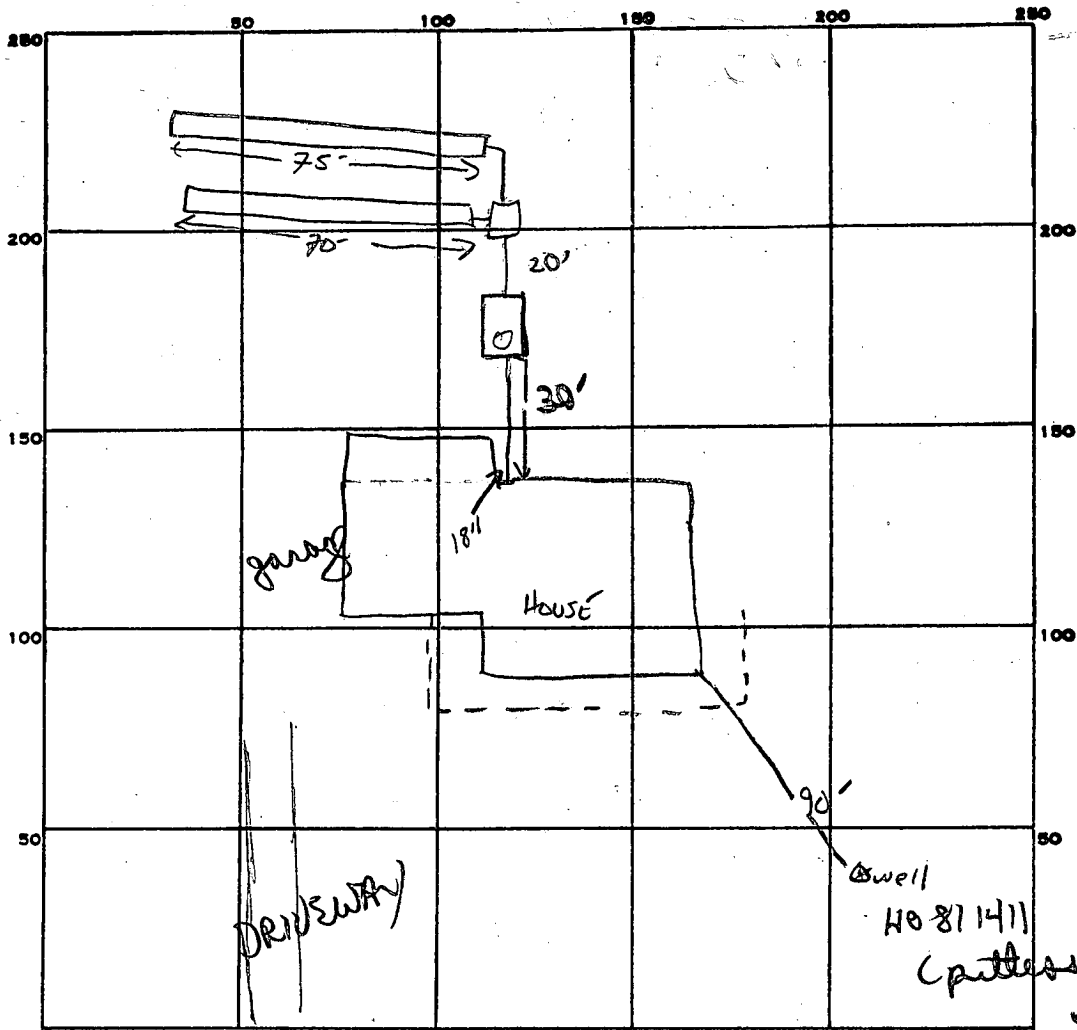
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
35682



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Committer Fm. Rel.

2/1
12/1
5/9/86
5/6/86
5/9/86

9/19/86
pitless was in
& exposed open
road then plan
to close tip
with line
(placed)

PERMIT CARD

SEPTIC TANK, LEVEL 1500 gal CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5' IN. TOTAL LENGTH 70 75 FT. TOTAL 145

NUMBER OF TRENCHES 2 SIDEWALL TOTAL BOTTOM AREA 725

SEEPAGE PITS, INSIDE DIAMETER FT. DEPTH BELOW INLET FT.

ABSORBENT AREA 725 SQ. FT.

REMARKS 9/17/86 15' HOUSE STUB OK TO BE COVERED BY RAISED DECK, CW.
9/19/86 Tank in, OK to cement lines, add epd & cover. same
to dist box (box to remain open). OK to start 1st trench 10'
closer.

DATE SYSTEM APPROVED 9-22-86 INSPECTOR S. Abel

5/15/86

SUBDIVISION: **GATHER FARMS
(GYC BUILDERS)**

LOT NUMBER: **22** A 35682

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

174 sq. ft./bedroom

Trench to be 2 wide.
 Inlet 4 feet below original grade.
 Bottom maximum depth 9 feet below original grade.
 Effective area begins at 4 feet below original grade.
5 feet of stone below distribution pipe.

*2-85' trenches
 will accommodate
 up to a 4 BR house*

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE 1ST TRENCH 290 FT DOWN THE LEFT (771.95) LOT LINE AND 35' OFF THE LEFT LOT LINE AS SEEN WHEN FACING THE PROPERTY FROM THE ROAD. RUN TRENCHES ALONG CONTOUR TOWARDS THE RIGHT LOT LINE.

BN

APPLICATION

25

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 35682

P _____

DISTRICT 3

DATE 6/20/85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

Owner: Phillip Dorach
Purchaser: Patrick McLean Gaither Farm Ltd.
PROPERTY OWNER: 1000 Equitable Bank Co.

ADDRESS Columbia, MD 21044 PHONE 730-9091

PROPERTY LOCATION:

SUBDIVISION Gaither Farm LOT NO. 25 (PER PERMITS)

ROAD AND DESCRIPTION Honewood Rd + Route 108
11024 Gaither Farm Rd

SIZE OF LOT 3 acres TYPE BLDG. 3-5
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Christine Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/8/85 - PERC OK HOLD FOR PLAT PH

B.P.# 70914
BLDG. PERMIT SIGNED
AND RETURNED 6-12-85

THIS IS NOT A PERMIT

SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 35682

P _____

DISTRICT 3

DATE 4/20/85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Robert McLean
1000 Spoutville Road

ADDRESS Columbia, MD 21044 PHONE 731-9091

PROPERTY LOCATION: 29 MEN

SUBDIVISION Gritter Farm LOT NO. 25 **REVISED**

ROAD AND DESCRIPTION Howard Rd & Route 118 **PLAT**

SIZE OF LOT 3 acres TYPE BLDG. 3-5
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Christine Richards
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

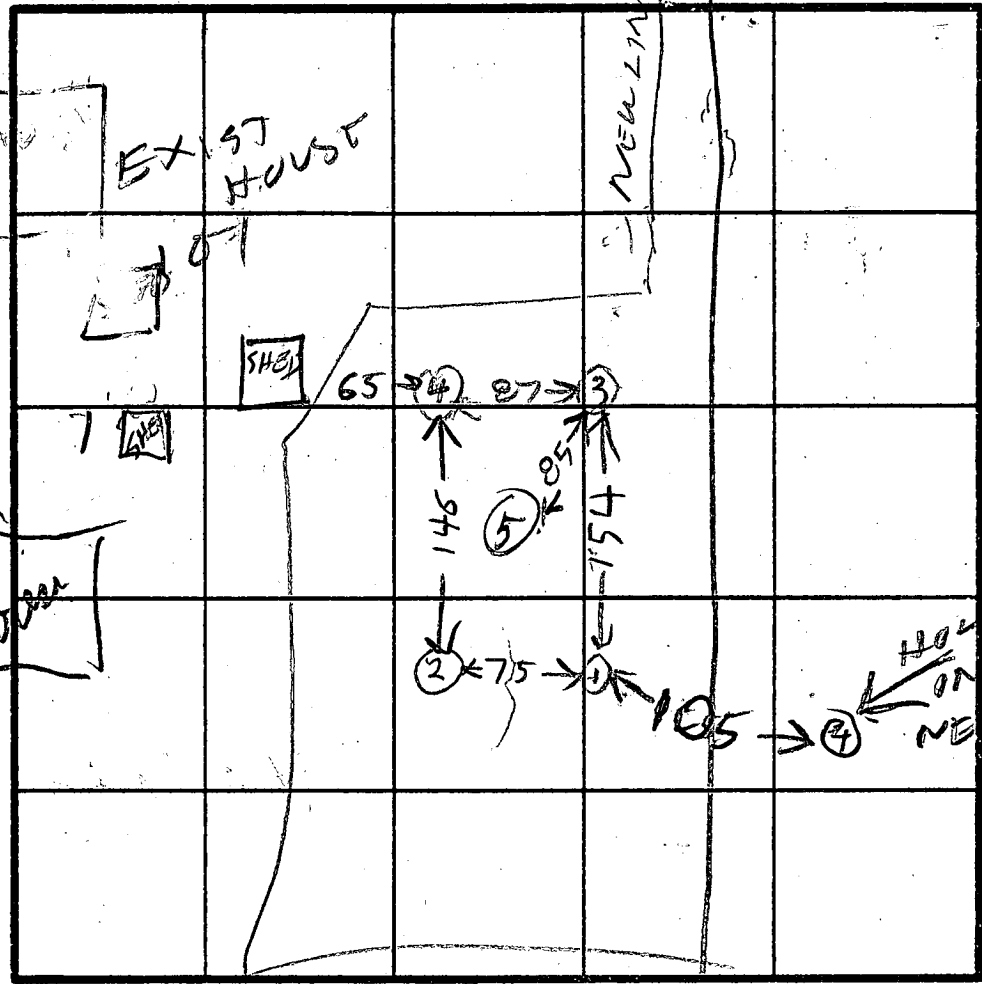
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

99
60
1.4

NE



HOLE ELEVATION
 (3)(4) = HIGH
 (1)(2) = LOW
 (5) = MED

(5)
 BROWN CLAY TOPSOIL
 BROWN SAND LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/10/68	1 S	4.5	246	247	247	249	2
	1 D	9.5	247	248	248	249	1
11	1 V	11.5	LOOKS	OK			
	2 S	4	252	254	254	257	3
12	2 D	8.5	253	256	256	300	4
	2 V	12	LOOKS	OK			
12	3 S	4.5	307	308	300	310	2
	3 D	8.5	307	308	300	310	2
3	3 V	12	LOOKS	OK			
	4 D	8.5	318	321	321	325	4
6	4 S	4.5	319	321	321	325	4
	4 V	12 1/2	LOOKS	OK			
12	5 V	14	LOOKS	OK			

av time
3
max depth
3 ft

(2)
 BROWN CLAY LOAM
 GRAY SAND LOAM
 (4)
 BROWN CLAY
 BROWN SAND LOAM
 GRAY SAND LOAM

REMARKS: NEW PLAT TO BE SUBMITTED SHOWING NEW FOTCINSI
 TYPE OF SOIL: _____
 TESTED BY: R. HODGES
 DATE: 5/10/68
 TODAY ALSO: _____
 ALSO PRESENT: J. NADUE

EH-12-1079

B 1 **4596** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-1411
 fill in this form completely

Date Received **4/25/86**
 OWNER INFORMATION
GYC **BWILDERS**
 15 Last Name Owner First Name
11673 FARSIDE RD
 36 Street or RFD 55
ELLICOTT CITY MD 21043
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOCHARK COUNTY 21
GAITHER FARMS SUBDIVISION 42
 SECTION **44** LOT **22** 46 48 50
ELLICOTT CITY NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **0** MI 73 76 77 78

DRILLER INFORMATION
Joseph L. Mayne 238 License No. 80
Joseph L. Mayne Well Drilling Firm Name 9
5512 Ridge Rd Mt. Airy, Md. 21771 Address
Joseph L. Mayne 3/24/86 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Baithers Farm Road** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []
 DISTANCE FROM ROAD **60** FT 34 37
 ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME **A35682** COUNTY NO.
 OEP SIGNATURE **B. Nolon** DATE ISSUED **10/03/86** STATE HEALTH INSERT S
040386 CO SIGNATURE **10/03/86** EXP. DATE
 NORTH GRID **511000** EAST GRID **0829000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY Drive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **1A** WRITE INITIALS IN BOX PERMIT NO. **HO-81-1411**
 67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **829**
 N **511**
 Not present at time of issue 4/25/86
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 Howard Rd.
 Baithers Farm Rd.
 500 ft
 well
 Ellick
 108
 Md

C1-00468

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A-35682

DATE Received

DATE WELL COMPLETED

8 13

042986

Depth of Well 22 145 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" W0-81-1411

OWNER BUILDERS

STREET OR RFD GATHERERS FARM RD first name GYC TOWN ELICOTT CITY

SUBDIVISION GATHER FARMS SECTION LOT 22

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed) FEET FROM TO Check if water bearing

Table with 3 columns: DESCRIPTION, FEET FROM, FEET TO. Rows: SAND Stone (0-8), GRAY Granite (8-145)

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 16 NO. OF POUNDS 564

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 0 ft.

CASING RECORD

MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) ST 6 121

OTHER CASING (if used) diameter inch depth (feet) from to

screen type or open hole SCREEN RECORD insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE BRONZE HOLE PLASTIC OTHER

DEPTH (nearest ft.) HO 20 145

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

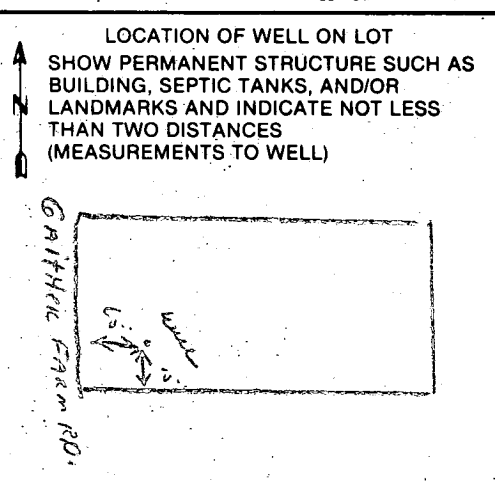
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 42 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 34 WHEN PUMPING 40 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE (nearest foot)



9/17/86 Noor

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement

Receipt # 37662
Date 9/16/86

Name of Installer Marino Plumbing & Heating Inc

Telephone 747-5615

License number m-3095

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner J. C. Builders

Telephone 230-0554

Subdivision Barthens Farm Lot # 22 Well tag # - - -

Site Address 11024 Barthens Farm Rd.

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible

Motor

- 1. Horsepower 1/2
- 2. RPM
- 3. Voltage
 - a. 110
 - b. 220

Pitless Adapter

- 1. Make Martin
- 2. Model #
- 3. Depth

- 2. Make Paulds
- 3. Model # 70405412
- 4. Capacity 7 GPM

- 5. Pump exceeds well capacity Yes No
- 6. If Yes, is low pressure cutoff switch installed? Yes No *Putting one in anyway*

- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Tank

- 1. Capacity
- 2. Pressure relief valve? YES

Piping

- 1. Type AWWA Plastic
- 2. Size 1"
- 3. NSF and/or BOCA Code approved YES
- 4. Depth of supply line 130

Well data

- 1. Depth 145 ft.
- 2. Yield 12 GPM
- 3. Static water level 34 ft.
- 4. Will water supply be disinfected by installer? NO

9-17-86 Pitless Installed 70" well LINE AT 70"-74" NO INSIDE WORK By owner Bldg
Completed. S. Abul

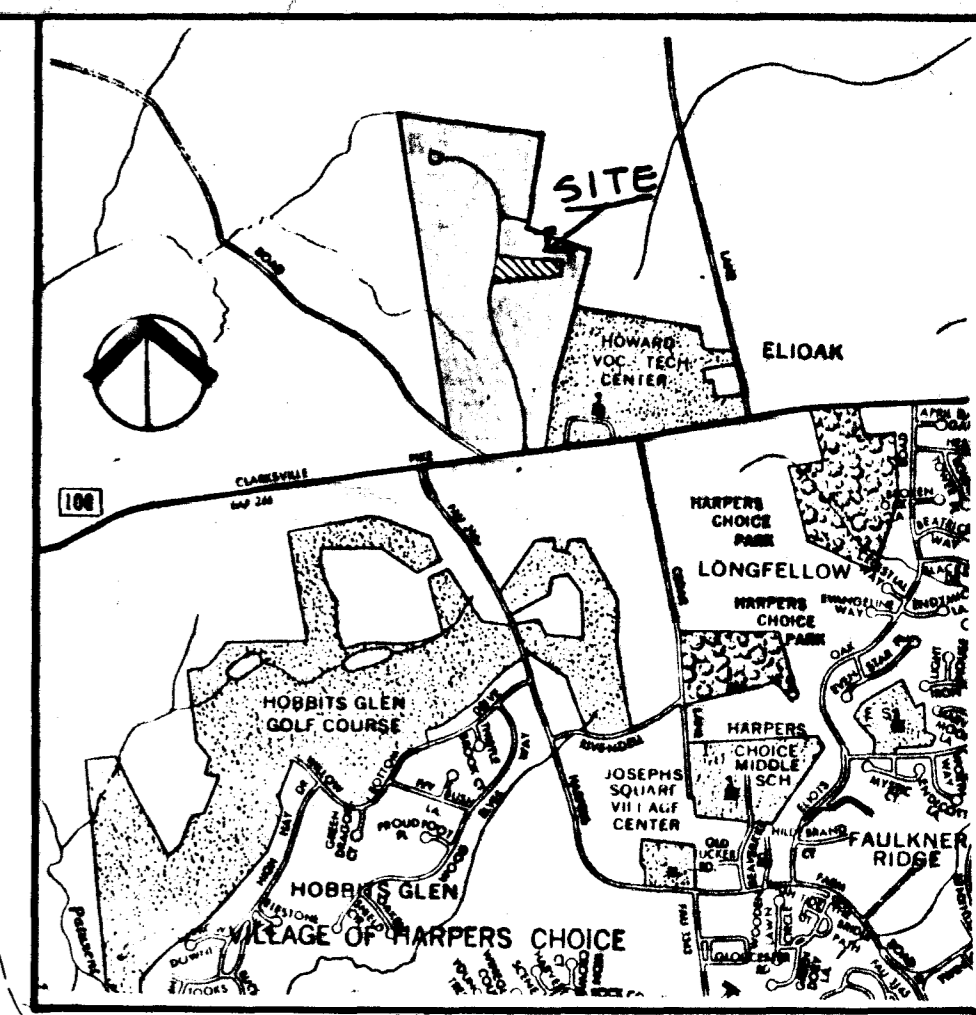
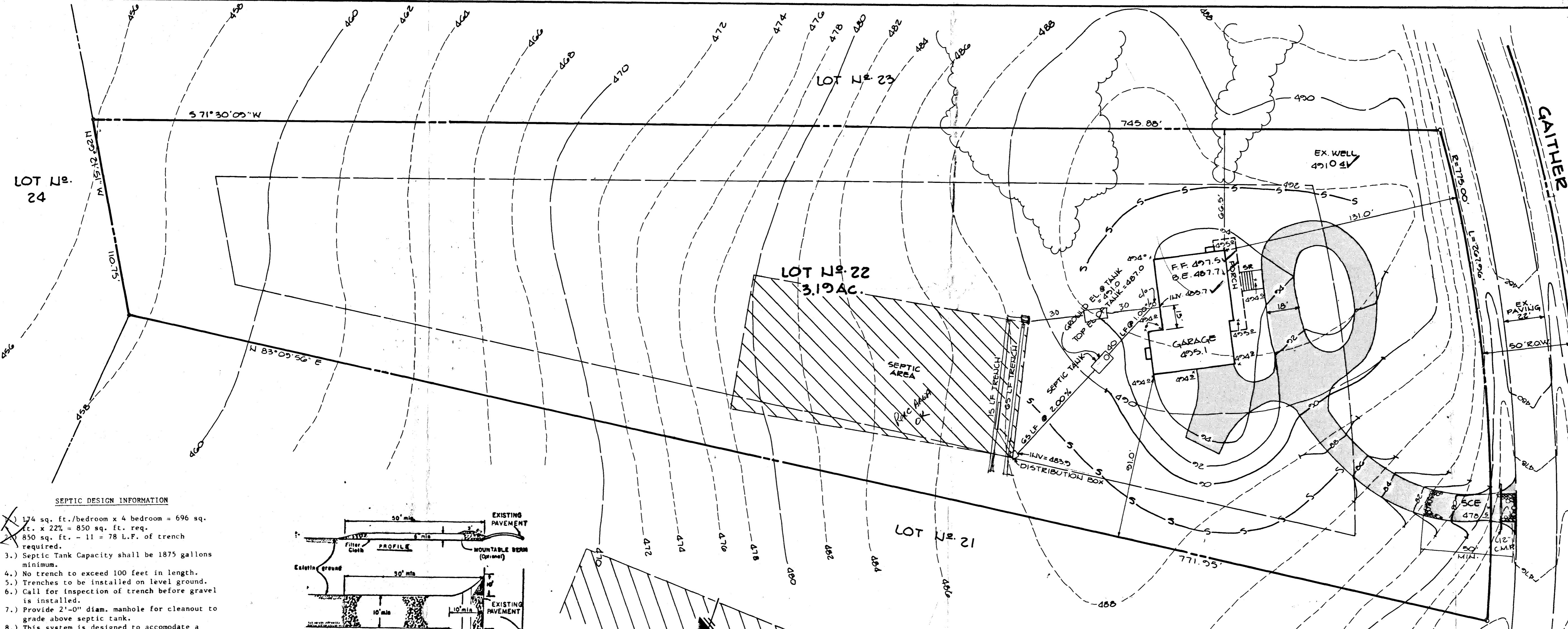
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Joseph D. Marino

Date: 9-16-86

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



VICINITY MAP

B.P. # 70914
~~59074~~

well R/B.N.

2-85' trenches

BY THE DEVELOPER:

"I/WE CERTIFY THAT ALL DEVELOPMENT AND CONSTRUCTION WILL BE DONE ACCORDING TO THIS PLAN, AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF NATURAL RESOURCES APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT."

[Signature] 5-22-86
 DEVELOPER DATE

BY THE ENGINEER:

"I CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT

SEPTIC DESIGN INFORMATION

- 1.) 174 sq. ft./bedroom x 4 bedroom = 696 sq. ft. x 22% = 850 sq. ft. req.
- 2.) 850 sq. ft. - 11 = 78 L.F. of trench required.
- 3.) Septic Tank Capacity shall be 1875 gallons minimum.
- 4.) No trench to exceed 100 feet in length.
- 5.) Trenches to be installed on level ground.
- 6.) Call for inspection of trench before gravel is installed.
- 7.) Provide 2'-0" diam. manhole for cleanout to grade above septic tank.
- 8.) This system is designed to accommodate a

